

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90051 033 \*\*\*150.00

<b>DOCUMENT # P07000104324</b> 1. Entity Name <b>COMPUTERS BY THE SEA INC.</b>			
Principal Place of Business <b>1009 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>		Mailing Address <b>1009 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>	
2. Principal Place of Business - No P.O. Box # <b>1001 North Dixie Freeway</b> Suite, Apt. #, etc.		3. Mailing Address <b>1001 North Dixie Freeway</b> Suite, Apt. #, etc.	
City & State <b>New Smyrna Beach, FL</b> Zip Country <b>32168 Volusia</b>		City & State <b>New Smyrna Beach, FL</b> Zip Country <b>32168 Volusia</b>	
4. FEI Number <b>77-0699190</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SALYERDS, SHERYL 381 WESTERN ROAD NEW SMYRNA, FL 32168</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing); DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP SALYERDS, SHERYL 381 WESTERN ROAD NEW SMYRNA, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S SALYERDS, SHERYL 381 WESTERN ROAD NEW SMYRNA, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALYERDS, SHERYL 381 WESTERN ROAD NEW SMYRNA, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that; my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/11/08</b> Daytime Phone # <b>3844233473</b>	